

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 805 ILCS 185/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Professional Limited Liability Company
SUPPLEMENTAL RENEWAL APPLICATION

PLEASE TYPE OR PRINT LEGIBLY.

This form must be completed and sent with the renewal application for a professional limited liability company license. If the professional limited liability company has additional location(s) a separate professional limited liability company license will be required for each address. Applications are available at www.idfpr.illinois.gov under Division of Professional Regulation.

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| 1. PRINT PROFESSIONAL LIMITED LIABILITY COMPANY NAME EXACTLY AS IT APPEARS ON THE LICENSE BEING RENEWED | 2. LICENSE NUMBER 248 - _____ |
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| 3. OFFICE ADDRESS (Include number, street, city, state and ZIP code) | 4. FEIN NUMBER _ _ _ _ _ _ _ _ _ _ _ _ |
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5. List all members, and managers of the above-named professional limited liability company as of December 31 of the current calendar year. If any name or address is different from the original application filed, please check the appropriate box along the left-hand column. List the Illinois license number, if any, of each member or manager. (If additional space is needed, use the reverse side of this form.)

| √ | NAME | RESIDENCE ADDRESS | PROFESSIONAL LICENSE NUMBER |
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I hereby certify under penalty of perjury all members and managers, if applicable, are duly licensed to render the same professional services as those for which the professional limited liability company was organized, and I further certify that the above information is true and correct to the best of my knowledge and belief. I also attest that the professional limited liability company listed above in box 1 with license number in box 2 is in good standing with the Illinois Secretary of State.

_____ Signature of President or other Officer

_____ Print Name of President or other Officer

_____ Date

_____ Required Office Email Address